

**STAFF GRIEVANCE PROCEDURE****CONFIDENTIAL FORM GRP2****STAGE 2 – NOTIFICATION OF GRIEVANCE**

NB: This form should only be completed by a member of staff whose grievance remains unsatisfactorily resolved having concluded discussions under Stage 1 of the Staff Grievance Procedure.

Name	Title
Department/Directorate	
Job Title	

Please provide information regarding the nature of your grievance.

Please state how you would like to resolve your grievance.

I will/will not* be accompanied at the meeting to be held in accordance with Stage 2 of the procedure.

I will be accompanied by

In his/her capacity as

(e.g. colleague, trade union representative)

Equality and Diversity

I require the following reasonable adjustments to enable me to fully participate in the grievance meeting.

Signed _____ **Date** _____

NOTES (1) This whole form must be sent to HR within 10 working days of the Stage 1 Grievance meeting.

(2) Please retain a copy when completed.

* Delete as appropriate

Section 2 To be completed by immediate line manager

Date of Stage 1 meeting _____ Was the member of staff accompanied? YES/NO

If yes, by whom _____
(please give name and status)

Signed _____ Date _____

Name (block capitals)

Please enclose details of your response to the grievance and any other relevant documentation and forward this form to the next most senior person within 5 working days.

Section 3 To be completed by Senior Manager and returned to HR Department

Date of Stage 2 meeting _____

Grievance resolved YES/NO

Please enclose the minutes of the Stage 2 meeting and any other relevant documentation, and forward this form to HR within 5 working days of the meeting.

To be filed on staff members personnel file.



Lewes District Council

STAFF GRIEVANCE PROCEDURE

CONFIDENTIAL

FORM GRP3

STAGE 3 – Referral to Councillors (Appeal)

NB: This form should only be completed by a member of staff whose grievance remains unsatisfactorily resolved having concluded discussions under Stages 1 and 2 of the Staff Grievance Procedure.

Name	Title
Department/Directorate	
Job Title	

I wish to appeal against the decision reached under Stage 2 of the Council's Grievance Procedure for the following reasons:

I will/will not* be accompanied at the meeting to be held in accordance with Stage 3 of the grievance procedure

I will be accompanied by

In his/her capacity as

(e.g. colleague, trade union representative)

Equality and Diversity

I require the following reasonable adjustments to enable me to fully participate in the grievance meeting.

Signed _____ **Date** _____

NOTES (1) This whole form must be sent to Human Resources (for referral to the Councillors) within 10 working days of receiving written confirmation of the outcome of Stage 2.

(2) Please retain a copy when completed

* Delete as appropriate